

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004272

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED JAN 16 1963

1003

178

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Overland	
Length of stay in 1b 3 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 9517-Midland Ave.	
3. NAME OF DECEASED (Type or print) Albert Carl Weber		4. DATE OF DEATH Jan 5, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		11. BIRTHPLACE (City and state or country) East St. Louis, Ill.	
13a. FATHER'S NAME William Weber		14. NAME OF HUSBAND OR WIFE Ruth C. Weber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Ruth C. Weber 9517-Midland Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute NECROTIZING PANCREATITIS</u> DUE TO (b) <u>54B-TOTAL GASTRECTOMY + EXPLORATION</u> DUE TO (c) <u>OF PANCREAT - due to chronic marginal ulcer</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC MARGINAL ULCER</u> 5420		INTERVAL BETWEEN ONSET AND DEATH 12 hours 24 hr	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 13 1957</u> to <u>Jan 5, 1963</u> and last saw her alive on <u>Jan 5 1963</u> Death occurred at <u>8:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Lee W. Haskins MD</u>	
22b. ADDRESS <u>1 Clarkson Rd. Chesterfield Mo</u>		22c. DATE SIGNED <u>1/7/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-9-1963	
23c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park		23d. LOCATION (City, town, or county) Grave Coeur, Mo.	
24. FUNERAL DIRECTOR Baumann Bros.-Inc. 2504-Woodson Rd-Overland-14-Mo.		25. DATE RECD. BY LOCAL REG. JAN 7 1963	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

18c Chronic marginal ulcer
pt. II Should be left blank

Chronic marginal ulcer

BY AFFIDAVIT OF attending physician

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.